

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13739

State File No.

FILED APR 27 1953

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4163</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamesport</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamesport</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>MARSHALL</u>	
4. DATE OF DEATH		(Month) <u>Apr.</u> (Day) <u>14</u> (Year) <u>1953</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 14-1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Callatin, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Andrew Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Goodbar</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warner Lumpkin</u>		ADDRESS <u>Jamesport</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 13</u> , 1953, to <u>Apr 14</u> , 1953, that I last saw the deceased alive on <u>Apr 14</u> , 1953, and that death occurred at <u>11:30</u> P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.B. Bailey</u> (Degree or title) <u>Doc.</u>				23b. ADDRESS <u>Jamesport, Mo.</u>		23c. DATE SIGNED <u>4-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-53</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. H. Robinson</u>		ADDRESS <u>Jamesport Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. L. Roberson

Licensed Embalmer No. _____

3244

P. O. Address _____

James O. R. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.